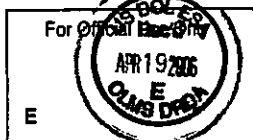


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>11/123</u>	2 Fiscal Year Covered From <u>11/11/05</u> Through <u>12/31/05</u>
3 Name and address of person filing Name <u>RONALD E DAVIS</u> P O Box Bldg Room No if any <u>Suite 800</u> Street <u>444 N. CAPITOL ST</u> City <u>WASHINGTON</u> State <u>D.C.</u> ZIP Code + 4 <u>20001</u>	4 Name file number and address of labor organization Name <u>DISTRICT NO. 1 - PCD, MEBA, AFL-CIO</u> Labor Organization File Number <u>666-5811</u> P O Box Building and Room Number if any Street <u>444 N. CAPITOL ST</u> City <u>WASHINGTON</u> State <u>D.C.</u> ZIP Code + 4 <u>20001</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount
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Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Ronald Davis

On

3-30-06
Date

202 638 5355
Telephone Number

Name of Person Filing RONALD E DAVIS	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **MEBA Benefit TRUSTS, PLANS**

Trade Name if any _____

P O Box Bldg Room No if any _____

Street **1007 EASTERN AVE**

City **BALTIMORE**

State **MARYLAND** ZIP Code + 4 **21202**

9 Business deals with

- ☒ a Labor Organization
- ☒ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name **MEBA Benefit TRUSTS**

Trade Name if any _____

P O Box Bldg Room No if any _____

Street **1007 EASTERN AVE**

City **BALTIMORE**

State **MD.** ZIP Code + 4 **21202**

11 a Nature of such dealing

MEBA Benefit PLANS ARE A JOINTLY - TRUSTEED, MULTIPLE EMPLOYER BENEFIT PLANS THAT PROVIDE BENEFITS TO PARTICIPANTS REPRESENTED BY THE MEBA

11 b Approximate dollar value of such dealing

11785.54

12 a Nature of interest held or income received

THE AMOUNT IDENTIFIED IN BOX 11B IS FOR REIMBURSEMENT OF TRAVEL RELATED EXPENSES INCURRED IN ATTENDING MEBA BENEFIT PLANS BOARD OF TRUSTEE MTGS + INTERNATIONAL FOUNDATION EDUCATIONAL MEETINGS

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____

Trade Name if any _____

P O Box Bldg Room No if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

MEBA Medical and Benefits Plan
2005 LM 10 LM-30 Reports

Name	Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
Ronald Davis	Medical		3/17/2005	\$ 30 85	ARS Lunch MEBAR Headquarters 02/06/04
Ronald Davis	Medical		3/17/2005	\$ 63 71	ARS Dinner Cost Containment Meeting 12/14/04
Ronald Davis	Medical	571850	3/28/2005	\$ 2,226 78	IFEBP February 2005
Ronald Davis	Medical	571700	3/28/2005	\$ 2,595.24	Reimbursement of Travel Expenses Relating to Trustee Meeting 02/05
Ronald Davis	Medical	571700		\$ 141 00	02/05 BOT Meeting Dinner
Ronald Davis	Medical	571700	5/4/2005	\$ 366 48	Various Meals 02/05 Trustee Meeting
Ronald Davis	Medical	571700	5/27/2005	\$ 2,344 17	Reimbursement of Travel Expenses Relating to Trustee Meeting 04/05
Ronald Davis	Medical	571700	6/12/2005	\$ 385 34	Various Meals 04/05 Trustee Meeting
Ronald Davis	Medical	571700	8/22/2005	\$ 10 40	ARS Lunch June Meeting
Ronald Davis	Medical	571700	7/15/2005	\$ 1,808 29	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/05
Ronald Davis	Medical	571700		\$ 161 13	06/05 BOT Meeting Dinner
Ronald Davis	Medical	571700	7/7/2005	\$ 329 71	Various Meals 06/05 Trustee Meeting
Ronald Davis	Medical		6/30/2005	\$ 43 72	ARS - D1-PCD Pension Plan Meeting Lunch
Ronald Davis	Medical	571700	11/3/2005	\$ 261 38	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/05
Ronald Davis	Medical	571850	12/14/2005	\$ 1,061 08	IFEBP November 2005
				\$11,829.26	

11,829 26
- 43 72

11,785.54